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Dated: September 19, 2003

Signature: _____

(Tamara Alcaraz)

Docket No.: 286002021300
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Timothy R. BRAZELTON and Helen M. BLAU

Application No.: 09/993,045

Group Art Unit: 1632

Filed: November 13, 2001

Examiner: Q. Li

For: METHODS FOR TREATING DISORDERS OF
NEURONAL DEFICIENCY WITH BONE
MARROW-DERIVED CELLS

REC'D
SEP 22
TECH CELL

SUPPLEMENTAL RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Communication dated August 19, 2003 (Paper No. 8), for which a response is due on September 19, 2003. Accordingly, this Response is timely filed.



09-22-03

41

1632

Please type a plus sign inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/993,045
		Filing Date	November 13, 2001
		First Named Inventor	Timothy R. BRAZELTON
		Group Art Unit	1632
		Examiner Name	Q. Li
Total Number of Pages in This Submission	3	Attorney Docket Number	286002021300

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Supplemental Response to Restriction Requirement (2 pages) 2. Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	MORRISON & FOERSTER LLP Shantanu Basu - 43,318	25226
Signature		
Date	September 19, 2003	

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